

PART III

CERTIFICATION OF IMMUNIZATION

Part III to be Completed by a Physician or Health Department Official

Student's Name: _____ DOB: / /
LAST FIRST MI MO DAY YR

Student's S.S. #: _____ ; I.D. #: _____

Parent/Guardian: _____

IMMUNIZATIONS	RECORD COMPLETE DATES (month,day,year) OF VACCINE DOSES ADMINISTERED				
Diphtheria/Tetanus/Pertussis (DTP)	/ /	/ /	/ /	/ /	/ /
Diphtheria/Tetanus (DT or Adult Td)	/ /	/ /	/ /	/ /	/ /
Polioomyelitis (OPV or eIPV)	/ /	/ /	/ /	/ /	/ /
Measles (Rubella)	/ /	/ /	Serological Confirmation of Measles Immunity	/ /	/ /
Rubella	/ /	/ /	Serological Confirmation of Rubella Immunity	/ /	/ /
Mumps	/ /	/ /	Child Entered School Before 04/01/81	/ /	/ /
Measles, Mumps, Rubella (MMR)	/ /	/ /			
Hepatitis B Vaccine	/ /	/ /	/ /	Other: _____	/ /

Haemophilus influenzae Type b (Hib Conjugate): PLEASE COMPLETE THE APPROPRIATE SECTION BELOW.
☐ Has received complete series of Hib vaccine in accordance with current recommendations of the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE.

☐ Has received the AGE-APPROPRIATE doses of Hib vaccine as recommended by the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE, the series will be completed on (RECORD COMPLETE DATE (month,day,year):

Series Completion Date: / /

MO DAY YR

☐ Hib vaccine is not indicated because this child has had Hib disease at 24 months of age or older.

☐ Being over 30 months of age, this child is not required by law to have proof of immunization against Hib.
MEDICAL EXEMPTION: DTP / /; Td / /; OPV / /; Hib / /; Measles / /; Mumps / /; Rubella / /.

As specified in 22.1-271.2.c(ii) of the Code of Virginia, I certify that administration of the vaccine(s) designated above would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify): _____

This contraindication is permanent / /, or temporary / / and expected to preclude immunization until _____

Signature of PHYSICIAN or HEALTH DEPT. OFFICIAL: _____ Date: / /

RELIGIOUS EXEMPTION: The Code of Virginia allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school for the first time after July 1, 1983, must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1) which may be obtained at any local health department, school division superintendent's office or local department of Social Services. Ref. Code 22.1-271.2, C(i), CODE OF VIRGINIA

I certify that this student has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this student has plan for the completion of his/her requirements within the next 90 days (conditional enrollment).

Signature of Physician or Health Dept. Official: _____ ; Date (mo, day, yr): / /

**I certify that this student is ADEQUATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school prescribed by the State Board of Health on the reverse side of this form.

Signature of Physician or Health Dept. Official: _____ ; Date (mo, day, yr): / /